

# CARE

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# HEROES

INSIDE

RUMC BECOMES AFFILIATE OF MOUNT SINAI HEALTH SYSTEM

Richmond University  
Medical Center

# A Message From the President & CEO



In 1955, President John F. Kennedy wrote the Pulitzer Prize winning biography *Profiles in Courage*. In his book, he states that the most admirable of human virtues is courage. He goes on to quote famed author Ernest Hemingway who defined courage as “grace under pressure.” Both gentlemen would agree that over these past months, healthcare professionals around the world, and certainly here at Richmond University Medical Center, have personified this definition of courage.

Our first COVID-19 positive patient was admitted on March 14. Three weeks later we would be treating over 140 COVID-19 positive inpatients. On April 8, we would reach our apex, with 210 COVID-19 patients admitted for care. It happened that quickly. Thankfully, as quickly as the wave came in house, it began to recede, and by late April we were caring for fewer than 100 COVID-19 positive inpatients. You could say it was only a few weeks. However, when the end is not in sight, weeks feel like an eternity. For those few weeks, the resolve of everyone at Richmond University Medical Center was tested and our level of preparedness was challenged by a foe the likes of which had not been seen in over 100 years.

But COVID-19 lost.

Dedication, commitment, and compassion surged to new levels. Our clinical and support teams donned PPE and went into battle armed with the latest clinical protocols, putting aside personal risk and placing our patients first. They became symbols of hope for our patients, their families, and our entire city. As the tide turned on the virus, outpatients convalescing at home recovered, patients came off ventilators, and families were reunited. Suddenly the word “hero” became synonymous with anyone wearing scrubs, a surgical mask, or a lab coat. An outpouring of love in the form of food, PPE donations, and nightly applause from the community came to our doors in waves larger than the COVID-19 wave. Our hospital, which has served the community for over 115 years, became a beacon of hope for the Staten Island community and a source of personal pride for our entire RUMC family.

Since March, over 1,250 COVID-19 patients have been treated and discharged from our hospital. While we are uncertain about the long term effects of COVID-19, we are with them in their recovery through our new, comprehensive Post COVID-19 Care Center. We have weathered the COVID-19 storm and are better prepared for the future.

In this edition of Care Magazine, we have taken Kennedy’s words to heart and offer you profiles of the courageous men and women at our hospital who stood up to COVID-19. Not all are physicians or nurses. They are an EMT who continued to report for duty despite a personal loss from COVID-19. They are a nurse in Labor and Delivery calming new mothers giving birth in an uncertain time. The one thing they all have in common, as we noted earlier: they all showed tremendous grace under pressure. When you read their stories, I think you will agree.

**Remember the Power of One – You Make a Difference!**

Daniel J. Messina, PhD, FACHE, LNHA  
President & Chief Executive Office

## Table of Contents

- 4 **Amid the Pandemic, the Future Takes Shape**
- 5 **A Hospital of Heroes: Profiles in Courage**
- 14 **Coming Back from COVID-19: RUMC Patient Shares her Battle with Coronavirus**
- 15 **RUMC Announces Comprehensive Post COVID-19 Care Center**

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**Richmond University  
Medical Center**





# Richmond University Medical Center & Mount Sinai Health System Announce Expanded Clinical and Academic Affiliation

**R**ichmond University Medical Center and Mount Sinai Health System, an integrated system of eight hospitals, a nationally ranked school of medicine, and a continually expanding network of multi-specialty services announced in June a clinical and academic partnership to broaden access to world-class primary, specialty, ambulatory, and inpatient care to residents of Staten Island and surrounding communities.

Mount Sinai and RUMC will establish closely integrated clinical and academic relationships while maintaining independent governance with the overarching goals of improving quality outcomes for patients and increasing efficiencies, economies of scale, and business development opportunities for both parties.

“We are delighted to enter into this clinical and academic affiliation with Mount Sinai Health System,” said Daniel J. Messina, PhD, FACHE, President and Chief Executive Officer of Richmond University Medical Center. “We share many goals, including patient care outcomes and quality; expanding access to advanced primary, specialty, and ambulatory services; and the over-all clinical commitment to population health. We see this as an opportunity to build and expand on the solid base of our own

tertiary care teaching medical center by exploring opportunities for new programs and initiatives.”

Under the agreement, Mount Sinai and RUMC will integrate ambulatory practices in primary care, cardiology, and cancer; co-brand and co-market jointly operated practices/programs in cancer and cardiology; jointly recruit physicians; expand academic affiliation to potentially include residency program sponsorships, case-by-case faculty appointments and hospital privileges, and clinical opportunities for the Icahn School of Medicine and Mount Sinai students. The affiliation also includes expanded clinical research opportunities and tertiary and quaternary services (including ambulatory specialties) when clinically necessary and appropriate.

“We look forward to working with our colleagues at RUMC to expand and advance care for residents of Staten Island,” said Arthur Klein, MD, President of Mount Sinai Health Network. “Our commitment to the community and shared mission to provide the care that this community deserves is our main goal. For any health need, from maintenance of chronic conditions to having access to the most complex medical procedures, Staten Island residents can rest assured that their medical needs will be met.”



**Daniel J. Messina, PhD, FACHE**  
President and Chief Executive Officer  
of Richmond University Medical Center

**Richmond University  
Medical Center**



**Arthur Klein, MD**  
President of Mount Sinai Health Network

**Mount  
Sinai**

# Amid the Pandemic, the Future Takes Shape

**W**hile the main focus of Richmond University Medical Center these past few months has been on the COVID-19 pandemic, it has not stopped the hospital from forging ahead with its plans for the future. Construction has steadily progressed on capital improvements that increase its capacity and enhance healthcare services for the community. “Construction on our new emergency department, Co-Gen plant, and parking lot have all continued throughout these past few months while much of our attention

was focused elsewhere,” President and Chief Executive Officer, Daniel J. Messina, PhD, FACHE, said. “Recent months have shown the increased need for both a larger and more expansive ED and the need to ensure our hospital has adequate power and energy to meet the growing need the community has for our services.”

“I know everyone at Richmond University Medical Center is looking forward to the official unveiling of all three of these projects with eager anticipation,” Messina said.

## NEW EMERGENCY DEPARTMENT

As of early June, the retaining walls for RUMC’s new emergency department had been completed, drywells had been installed to ensure adequate drainage, and work had begun in preparation for the steel shell that will support the new two-story, 35,000 square foot state-of-the-art emergency department when it is completed in early 2021. The current emergency department, constructed in 1978, is 15,000 square feet and built to service around 30,000 emergency care patients annually. Today, RUMC averages approximately 60,000 patients coming to its emergency department for care annually and during the pandemic the department treated over 1,000 people affected by the virus. When completed, the new emergency department will feature private treatment rooms, trauma bays, and comprehensive specialty areas for pediatrics and urgent care on the ground floor. The second floor will be used to upgrade the hospital’s surgical department and increase support space for perioperative services..



## CO-GEN PLANT

Richmond University Medical Center will join other companies leading the way in energy efficiency when its new cogeneration plant - or Co-Gen - is completed in 2021. The new Co-Gen is being constructed in an existing building at the rear of the campus. Over the past few months, work has progressed to include interior demolition and excavation for subsurface utilities. When completed, it will make the hospital self-sufficient and able to continue operating in the event of an area power failure or natural disaster. The Co-Gen will also feature two new cooling towers.

“Co-Gen, or combined heat and power, is the use of a power station to generate electricity and useful heat at the same time,” Messina said. “Energy creates steam, which in turn will be used to heat our hospital and create a cleaner, more efficient power system.”

## INCREASED PARKING CAPACITY

Parking lot construction has reached its final stages with landscaping, minor concrete work and paving all completed in early June. The new parking lot will provide over 200 new parking spots on-site for hospital employees, increasing their accessibility to the hospital and taking employee cars off of local residential streets. The new parking lot, which also features adequate lighting and new trees, shrubs and landscaping along the surrounding perimeter, is expected to be completed and ready for use this summer.





# A HOSPITAL OF HEROES

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# PROFILES IN COURAGE



**"The most admirable of human virtues is courage"**

- President John F. Kennedy

**"Courage is grace under pressure"**

- Ernest Hemingway

# Philip Otterbeck, MD

Chief of Medicine and Chair of Endocrinology

Assuming a key leadership position in a hospital during the influx of an unknown and highly contagious disease might give some physicians pause. But not Philip Otterbeck, MD, who seized his new role as chair of medicine as an opportunity to help Richmond University Medical Center when it was needed most.

"I began my journey at the very beginning of the pandemic," says Dr. Otterbeck, who also serves as chair of endocrinology. His new appointment started on March 8, just as COVID-19 cases were surging on Staten Island and across the city.

He got to work right away, collaborating with department chairs to organize more than 100 hospital residents into COVID-19 teams to help handle the increase in patients. Hospital residents have graduated from medical school and are training in a specific type of medicine, such as pediatrics, psychiatry or radiology.

"These people worked side by side to take care of all patients," Dr. Otterbeck says, adding that it is highly unusual to interrupt a hospital residency. The reassignments were sanctioned by the Accreditation Council for Graduate Medical Education (ACGME) because of the crisis situation, he adds. "The residents worked with energy and passion. They were courageous and really stepped up," Dr. Otterbeck

says, quick to commend all departments in the hospital for their heroic efforts.

Even at the worst juncture of the pandemic, success stories gave them the drive to go on, he says, recalling a RUMC emergency medical technician who recovered after a prolonged intubation. Patients like him "sustained the entire medical team. We held onto these moments through darker days of the crisis," Dr. Otterbeck shared.

*"As a consequence, we offered our patients cutting-edge therapies and anything that came out as helpful," the lifelong Staten Islander says. "Whatever was out there, our patients had access to it."*

He met every day with other members of the medical leadership team to evaluate the hospital's response to the crisis, review tasks and share and discuss scientific papers about new approaches to contain and treat the novel coronavirus as it swept across the globe.

Like all frontline workers at the medical center, he was careful to keep his family safe from the virus, especially his wife and two children, ages 5 and 9. "When there is an unknown, it can be frightening," he says. "There is a natural tendency to be nervous. Just as patients can be infected, so can we."

"They were certainly challenging days," Dr. Otterbeck says about March and April, the months with the most COVID-19 cases. "But when faced with adversity, we do what we have to do for our patients."



Laura Kwasny, RN, nurse manager of the critical care units at Richmond University Medical Center, is the first to acknowledge that “not everyone is meant to be a nurse.”

“It requires a certain personality to be able to stay calm under the daily pressure,” says Kwasny, 50, a lifelong Staten Island resident and 27-year veteran of the nursing field who currently supervises 90 direct reports at the hospital, including 60 registered nurses. “I learned clinical skills and some emotional training when I was in school at The College of Staten Island years ago, but a lot is learned in the field. The job requires strong critical thinking skills to determine the highest-priority tasks at hand as well as good delegation skills so that you know who can handle what task,” she says.

“The teamwork at Richmond University Medical Center is amazing,” Kwasny says. “The nurses all rely on each other because we have to be everything for our patients. We help each other and work well with all of our physicians,” she says, adding that she would never ask any of her nurses to do something she wouldn’t do. “We’re a smaller community hospital and we band together to get the job done.”

Working within the pandemic’s New York City hotspot has placed a new set of demands on nurses and shone an increasing spotlight on the daily sacrifices these front-line heroes make.

“We’re the epicenter of COVID-19 and it’s something we’ve never seen before,” shared Kwasny, who noted that Richmond University Medical Center quickly responded to its huge influx of critically ill patients by expanding its original 26-bed ICU capacity to 71 beds. Amid an unprecedented new degree of frenzy and the challenges of PPE, social distancing mandates, and the inability for families to physically be with their loved ones in COVID-19 units, “it’s been difficult and I’ve broken down many times, but caring for our patients and trying to keep our nurses safe have been my top priorities,” Kwasny says. “The hospital has been working to support its staff during this surreal, uncharted territory.”

Kwasny confirmed that the community’s generosity has been an essential source of strength and hope.

“The community has been amazing,” Kwasny concurred. “So many businesses, especially around our hospital, have been so generous with food, treats, and homemade masks and can’t do enough to help,” she says. “We often received rounds of applause from residents and the fire department. Our upper management clapped in our staff meeting one morning at 6:30 a.m., which was very emotional. Richmond University Medical Center has a small family feel and it’s been especially magnified at this time.”

*“Nursing is a calling and we live for the opportunity to help people and save every last patient.”*

For Kwasny, the bond with her patients and the camaraderie with her nurses continue to drive her. “Even as a manager, I like being at the bedside, talking to patients and their families, and treating the patient like your family,” she says. “Nursing is a calling and we live for the opportunity to help people and save every last patient.”





# Angela Ciocia

Paramedic

For paramedic Angela Ciocia, the coronavirus pandemic brought back memories of Sept. 11, 2001, when she was stationed at the St. George ferry terminal, ready to treat injured survivors of the terrorist attacks on the World Trade Center.

Only this time, the situation was worse.

"It's horrible," she says. "Back then, we knew who the bad guys were and we knew when the threat was over."

*"We signed up to help people. I do this to serve my community and protect my community."*

Today, "there's no rhyme or reason" and the enemy – the coronavirus – can be silently lurking. But with 32 years of experience as an emergency medical technician for Richmond University Medical Center, and the last 14 as a paramedic, Angela has been handling the crisis with skill and stamina.

Working 12-hour shifts from 6 p.m. to 6 a.m., with as many as seven back-to-back calls, she has felt relieved to see the COVID-19 call volume steadily decreasing.

Still, she and her colleagues must be extra cautious when entering a home, especially when the call includes symptoms of fever, cough or cardiac issues.

"With a 'shots fired' call, I know what to be extra careful about," she explains. "With COVID-19, it could

be somebody who is positive, but hasn't been diagnosed."

If the patient is in respiratory distress, Angela must sometimes intubate in the home in a tight space with limited lighting. Personal protective equipment (PPE), including eye shields and gowns, are essential.

"If you get complacent, that's when it gets dangerous," she says, adding that experience during the Ebola outbreak in 2014 helped her prepare for this crisis. "You can't let your guard down. I know my protocols well."

For a call involving a "high index of suspicion," Angela and her partner gown up outside the ambulance before approaching the front door. She wears two masks and two pairs of gloves so one pair can be quickly discarded if necessary.

She acknowledges a higher level of stress among RUMC's more than 100 EMTs and paramedics.

"We're human. Stress debriefings help. And we vent to each other," the lifelong Staten Islander says. Her husband of 22 years, also a paramedic, is especially helpful if she's had a difficult shift.

COVID-19 has impacted Angela personally; she lost a relative to the disease in April. As a lifelong Staten Islander, she has responded to calls for her friends and relatives.

"I've walked into houses and felt my knees buckle" when she recognized a patient, she admits.

At home in Graniteville, Angela alternates between knitting and gardening to relieve the stress. "I like playing in the dirt," she muses.

As she begins her shift each evening, ready to face the unknown, hearing the 7 p.m. claps from fellow Staten Islanders standing outside their homes and seeing rainbows in their windows has lifted her spirits. "The community has been very supportive," she says. "It's good to know we're appreciated."

Working as a paramedic is similar to serving in the military, especially during a public health crisis, Angela explains, with characteristic humility.

"We signed up to help people. I do this to serve my community and protect my community."

"I'm no hero," she adds firmly. "We're all in this together. We're all doing our best."





**N**icole Cassiliano, RN, was just 12 years old when she lost her mother to leiomyosarcoma, a rare form of cancer that affects smooth muscle tissue.

The experience inspired her to become a nurse and taught her the importance of surrounding a critically ill patient with loving family and friends.

That's what has made caring for COVID-19 patients so challenging, she explains. Watching all of them struggle and some of them pass away without loved ones by their side seemed unimaginable to Nicole. For their safety, visitors were not permitted in Richmond University Medical Center during the crisis.

"So many of them were patients who could have been my grandmother, my uncle, my sister," she says. "My heart was bleeding for them."

That's when Nicole, a registered nurse in the Emergency Department, stepped up with her colleagues to make virtual visits possible for the most critical COVID-19 patients.

"A few of us used our cell phones to help them Facetime with their families," she explains. "I felt like that was helpful for both sides."

The ED nurses also played soothing music for patients. "We don't normally do that on a regular basis," but these were extenuating circumstances, she points out.

"I would ask them for a favorite song. As it played, they looked peaceful. We're used to checking the IV, oxygen levels, medications. But in this moment, we would just be with them, just sit with them, because they had nobody."

"I wouldn't want to be alone at that time," Nicole adds with candor and compassion. "That was the part that killed me."

Even with 16 years of nursing experience - the last five as an assistant nursing supervisor - Nicole felt the effects of non-stop stress and anxiety while working 50 to 55 hours a week - "basically, whenever they needed me."

"My body and my mind were fatigued," she recalls.

She had trouble sleeping, and started doing yoga to calm down before bedtime. She also leaned on her father for support.

"I usually shut down at home, but it was piling up," she confides. "My dad could tell

I needed to talk about it. I broke down but got back in control again" with his help.

For Nicole, working as an Emergency Department nurse is a calling, especially in a crisis when she's needed most.

"I like the chaos, and I like knowing we can stimulate a quick change in a patient who's very sick," she explains.

***"This is my job. I signed up to be an RN. I want to be there."***

She triaged many of the COVID-19 patients who arrived at the Emergency Department, and saw the same set of symptoms time after time: Fever of 102, oxygen saturation level 70 (95-99 is normal), respiratory distress, rapid heart rate.

"These patients were very anxious," Nicole says. She worked hard to soothe them, reassure them.

She has been careful to follow protocols and has stayed healthy. Contracting the virus was a concern with three children at home - Michael, 15; Arianna, 14, and Matthew, 12.

"They didn't want me to go to work," she says. "But this is my job. I signed up to be an RN. I want to be there."



# John Mendiola, MD

Anesthesiologist

**F**or anesthesiologist John Mendiola, MD, it's crystal clear: A physician's focus is on healing, regardless of the personal risks during a pandemic.

He pitched in with other specialized doctors at Richmond University Medical Center to provide coverage in the emergency department and Intensive Care Units that were filled to capacity during the height of the coronavirus crisis.

"With a new illness, we were all very anxious," Dr. Mendiola says. "Everyone was on edge, but we all had to step up and care for these patients."

He was concerned about keeping his 9-year-old daughter, his wife and an older family member safe from infection.

"The fear was bringing it home," he says. Following all the protocols "kept me on my toes."

He and the medical staff were at greatest risk as they cared for COVID-19 patients who were on ventilators. A high level of vigilance is necessary to prevent contracting the infection when an intubation is performed.

"Once you extubate, it's unavoidable for the patient to cough" and exhale particles into the air.

Working through the pandemic had an emotional impact, the anesthesiologist shares.

"Just to see that many people all at once and know they would get very sick - it was hard not to get affected. You had to hold back to do your job."

After some shifts, he would simply "get home and collapse from the anxiety and the emotional aspect."

A member of the RUMC staff since 2003, Dr. Mendiola says working non-stop through a crisis can trigger a form of Post-Traumatic Stress Disorder (PTSD) for some front-line workers.

Spending more time with his wife and daughter and less time watching the news helped him through the toughest weeks. Cooking "sheet-pan dinners" of chicken and vegetables as comfort food for his family also relieved the stress.

He paid careful attention to how the situation was affecting his daughter, Juliana. "I had to tell her that even though I was at risk, it's something I have chosen to do," he says.

A poster she created and hung on the front door expressed concern and appreciation for her father: "We can get another home, but we can't get another Papa ... we love you," it read in chunky letters.

Dr. Mendiola chose anesthesiology because of the critical role it plays during a patient's health crisis.

"It's the idea of removing pain and providing comfort," he explains. "We are the last people the patient sees before they go to sleep. They are entrusting their care to me, letting go of control. It's about making someone less fearful, and letting them know they will be safe under my care."





**R**espiratory therapist Alyssa Fiorello, RRT, will always remember the disturbing sound of ventilator alarms. Three quick beeps followed by two quick beeps from each one.

At the height of the pandemic in March and April, “there were 30 ventilators running in the emergency department and they were going off all day long,” Alyssa remembers. She and her respiratory teammates dashed from patient to patient to address each critical lung issue.

“There were stats all day long. We had to get there fast. We never even got a chance to sit down.” The hospital term “stat” is from the Latin “statum,” meaning “immediately.”

“Many never made it up to the floors,” she says sadly, acknowledging the cruelty of the coronavirus in spite of heroic intervention.

Call it baptism by fire for this intrepid 24-year-old, who finished her degree at Brookdale Community College in May 2019 and started working at Richmond University Medical Center five months later.

Because serious lung issues are a hallmark of COVID-19, and because the disease is spread through airborne droplets, respiratory therapists are at greater risk for infection as they assist with intubation and breathing treatments.

“We are face to face with the patient,” Alyssa explains. Even a Tyvek suit can’t offer 100 percent protection from particles dispersed in the air during respiratory procedures.

“It’s dangerous, but necessary to save these people.”

At first, she felt invincible as a young healthcare worker with no underlying health conditions.

“But once I saw my first young patient who got intubated, I was definitely scared,” Alyssa now admits.

When she developed a cough and a fever, she wasn’t surprised to test positive for the virus. In her respiratory therapy department, several colleagues also became sick.

“I recovered fast – in about a week,” she recalls. “Knowing I had it eased my fears. I thought, ‘I’m better, I can get back in there to help people with the virus without being afraid of catching it.’”

Living with her parents and 97-year-old grandmother, Alyssa isolated in the basement to keep all of them safe.

She gets emotional when she thinks about the suffering she witnessed during the pandemic. One patient in particular stands out in her mind.

“He was one of the first to come into the ICU, in his 40s,” she recalls. She was saddened to learn that the patient, a 9/11 first responder with lung issues, later succumbed to the virus.

“I was so devastated. I really thought he’d pull through. That definitely got to me.”

Working as a critical caregiver during the health crisis gave Alyssa a new appreciation for her colleagues and strengthened her skills under pressure.

“I’m calmer, not as frantic,” when called to multiple patients in distress, she says. “I know what I have to do and I get right to it.”



Brianne Whytock, RN  
Labor and Delivery



**N**ursing school didn't teach her how to handle a pandemic, but Brianne Whytock, RN, was ready.

Her dedication as a registered nurse at Richmond University Medical Center for the past 12 years – eight of them in Labor and Delivery – has prepared her to think on her feet.

"It comes with experience," she says. "A lot of what we do can't be taught in a classroom."

That includes the special compassion and understanding she and her colleagues used to calm expectant mothers fearful of entering the hospital during a public health crisis.

"They come in very scared," Brianne explains. "We project confidence to our patients and it calms them down."

The joy of bringing a new life into the world soon serves as a welcome distraction.

"We all forget about the virus for a while," she confides.

The Labor and Delivery nursing staff has been following strict protocols put in place by the hospital since the outbreak began. All maternity patients are tested for the coronavirus upon admission, and fathers or companions are temperature-checked, among other CDC and New York State Department of Health compliant protocols.

Brianne appreciates how the crisis has inspired a new solidarity among the Labor and Delivery staff, which welcomes more than 3,000 newborns into the world each year.

"There's a lot of teamwork, a lot more listening. We're watching out for each other," she says.

Twelve-hour shifts and concern about transmission have kept Brianne in isolation, away from her family.

"I've missed my parents. I didn't see them for over a month – except on Facetime," she says.

Brianne admits she was anxious when the pandemic broke out in March. "In the beginning, it was very scary. We all heard about what the virus can do. But everything is going smoothly now. We've adapted to the situation."

**A**bout two to three hours of sleep each night was all Dorcas "Didi" Ferrer could manage in the early days of March and April as the COVID-19 pandemic swept across New York City and through Richmond University Medical Center. But that did not deter this 47-year-old grandmother of four from making sure the hospital was safe for patients and her colleagues.

Didi, who has worked at RUMC for eight years, has managed to avoid coming down with the virus, but admitted the last few months have taken an emotional and mental toll on her, especially the hardest days of late March and early April. She recalled one day having a panic attack after her Tyvek suit became wet on one sleeve while cleaning a room. After she finished, she changed and went immediately to the Infectious Disease Department, full of questions. Halfway through speaking to someone, she broke down in tears. Not from fear of now having been exposed, but from mental and emotional exhaustion.

"I think we all have some level of PTSD," Didi said. "What has really helped has been watching patients go home and the housekeeping staff

being part of the sendoff. It makes us feel like we did our jobs. We kept the room clean and sanitized so these people could get better and return home. Those moments have been very uplifting for us in housekeeping."

Today, as the number of COVID-19 patients has dropped dramatically, Didi is cautious, but more optimistic. She continues her daily routine when she gets home: strip down and hit the shower right away. Before bed she drinks two cups of detox triple leaf tea that she says is good at filtering out the body's impurities. She continues to practice social distancing from her two daughters and grandkids, but they keep in touch by phone and Facetime. She has not seen her boyfriend, however, in five months. He's older and Didi is still afraid she may get him sick. She is hopeful that they will be able to be together again in person very soon.

"I'm not as fearful as I was in the beginning," Didi said. "I know how to protect myself, wear my PPE and stick to the processes we were taught. We are going to be ok. If I do my part and everyone else does theirs, we're all going to be ok."

Dorcas "Didi" Ferrer  
Building Services/Housekeeping





# Chuck Rand

Food Services



The defining moment of the pandemic for Chuck Rand will always be the long-awaited reunion with his 5-year-old daughter, Violet.

As a guest representative in the hospital's food services department, Chuck had been isolating in a spare room of his New Springville house to keep Violet, his wife, Lindsey, and his father-in-law, Dennis Mazza, safe. After a negative COVID test diagnosis, he could not wait to walk through the front door.

"It was so hard being apart. I couldn't wait to get home that day and hug her," he says, beaming. "And then we played non-stop with her LOL Surprise Doll!"

Now in his 21st year at the hospital, Chuck works with registered dietitians to offer patients appropriate menus meeting medical requirements and restrictions. He loves his job, but admits traveling through the floors during the pandemic has made him anxious.

"At one point, it seemed like 90 percent of the hospital was COVID-19 patients," he says. "You very rarely saw a room that wasn't."

He layers up his personal protective equipment to be extra careful with a surgical mask, N95 mask, face shield, head covering, gown and gloves. When he gets home, he changes clothes immediately, puts them in the wash and takes a shower.

*"This is how I serve my community.  
This is how I give back."*

His protocol has kept him healthy through the crisis. "I don't consider myself brave," he confides.

But even at the height of the pandemic, when COVID-19 cases at the hospital topped 200 patients, Chuck did not miss any of his Monday-to-Friday 6 a.m. to 2 p.m. shifts. Except for a sinus infection, he has stayed healthy.

"I didn't think I could live with myself if I took the time off and someone else took over my shift and got sick," he explains. "I just felt compelled to be there. I did it for my co-workers."

He is quick to boast that three generations of his family have worked at Richmond University Medical Center. His grandfather worked in security, his father was a cook and his mother was a guest representative. He's proud to carry on the family tradition.

As a lab technologist with 10 years of experience, Job George knows it's all hands on deck during a global pandemic.

"Patients are waiting to hear from doctors who are waiting to hear from the lab techs" for a diagnosis, he says, explaining the urgency of his responsibilities at Richmond University Medical Center. That urgency increased tenfold in March and April as the health crisis peaked.

"We are always there on the front lines, handling life-and-death situations," he explains.

In the lab, Job and his colleagues follow strict protocols to avoid contracting the coronavirus or any other infectious disease.

"All specimens are questionable, and considered biohazards," he says. He is fully suited up with Tyvek lab coat, head covering, face mask, face shield and two pairs of gloves for extra protection as he processes specimens under a containment-enhancing hood.

Arriving home from a shift, he changes clothes on his deck, using a box to keep his laundry separate from others in the household - especially his wife, a nurse, who is expecting their first child in October.

At the height of the pandemic, Job was called upon to assist in the hospital morgue, located near his lab. The assignment was out of his comfort zone, but he cooperated without hesitation.

"This is what we signed up for," he says matter-of-factly.

He is relieved to see the situation under control and the number of COVID-19 patients declining.

"The virus is cooperating with us," he says, adding an analogy as a reminder to remain vigilant.

"The worst part about this disease is that it's hovering around like a fly or a mosquito - only we can't see it."

# Job George, MT

Laboratory Services





## Coming Back from COVID-19:

# RUMC Patient Shares her Battle with Coronavirus

**E**dwina Torres Cain, 38, is not sure where she contracted COVID-19 — perhaps the Staten Island Ferry or the bus during her daily commute to Manhattan, where she is studying to be a medical assistant — but she knew something was wrong.

While she had no fever, “I just felt icky, but I didn’t think anything of it,” Cain said of the persistent cough she thought was an upper respiratory cold. “I tried a number of things, including inhaling steam, but it kept getting worse, to the point where I didn’t want to get out of bed.”

Cain’s sister finally sounded the alarm. During a call on April 3, “she saw me turning blue on the screen and called EMS because I could barely breathe,” Cain said. “The feeling was unbearable and worse than drowning. The more I tried to breathe, the more I couldn’t. I was frightened beyond belief.”

Cain does not remember the ambulance ride or the first several days of her week-long stay in Richmond University Medical Center’s ICU. “I woke up after three or four days on a ventilator and didn’t know where I was or what had happened,” she said.

Though Cain could not see her doctors while intubated she could “hear everything that was going on,

including my doctor repeatedly saying, ‘we’re fighting, we’re not going to give up.’ It made me feel like my life was worth saving.”

As she continued to improve over the next several days, Cain thought she was ready to go home. “But they didn’t just tell me that I wasn’t ready, they showed me,” said Cain, who was unable to walk on her own when a physical therapist came in to assess her condition. “The team spent the next 24 hours helping me walk the halls every two to three hours to ensure I could care for myself before they let me go home.”

“My doctors, including Dr. Francesco Rotatori and his nurses and assistants, were tough, but I loved them,” Cain said. “They cared for me around the clock and gave me tough love. They fought for me like I was family and inspired me to fight for myself. I give them the utmost respect for the non-stop hours they worked fighting for so many patients like me.”

Cain’s official discharge on April 10 was met with applause from more than 50 physicians, nurses and staff cheering as she was wheeled through the hospital lobby. “I didn’t expect the sendoff I got. It felt amazing and overwhelming,” she said. “Richmond University Medical Center is a family, not just a hospital, and my medical team were God’s angels.”

## DOCTOR WHO PLAYED INTEGRAL ROLE DURING OUTBREAK IS PROMOTED TO CHIEF OF CARDIOLOGY

During the COVID-19 outbreak, Associate Chief of Cardiology, Francesco Rotatori, MD, FACC, shifted from treating cardiac patients to treating patient’s positive for coronavirus, including Edwina Cain. In the midst of the pandemic, Dr. Rotatori was also named Richmond University Medical Center’s new Chief of Cardiology.

Dr. Rotatori is board certified in Internal Medicine, Nuclear Cardiology, Echocardiography, Cardiovascular Disease and Interventional Cardiology. He is also a Fellow of the American College of Cardiology.

Dr. Rotatori completed his Medical School in 2001 at the Università degli Studi in Milan. In 2010, he completed his Internal Medicine Residency Program at Richmond University Medical Center. During his training he also served as the hospital’s Chief Resident. He then completed a Fellowship in both Cardiovascular Disease and Interventional Cardiology from SUNY/Downstate University Hospital of Brooklyn.

During his tenure at RUMC, Dr. Rotatori has supported operations of the hospital’s cardiac catheterization laboratory and the cardiac ambulatory service line with the creation of the Congestive Heart Failure Clinic. He also serves as a clinical instructor in the SUNY/Downstate cardiology fellowship program.





## Richmond University Medical Center

# Announces Comprehensive Post COVID-19 Care Center



In June, Richmond University Medical Center announced the opening of its comprehensive Post COVID-19 Care Center which features a team of multi-disciplinary experts focused on assisting recovering COVID-19 patients with their short-term and long-term healthcare needs.

“Since March 14, when our hospital treated its first COVID-19 positive patient, our doctors, nurses and medical professionals have been working 24/7 treating COVID-19 patients and saving lives,” President and Chief Executive Officer, Daniel J. Messina, PhD, FACHE, said. “But our care for these patients does not end with their discharge. Recovering patients face many challenges both physically and mentally including cardiac and pulmonary issues, anxiety, depression, and loss of stamina, to name just a few.”

The Post COVID-19 Care Center features experts in pulmonary care, cardiology, infectious disease, psychiatry, behavioral health, physiatry and additional areas of healthcare. A specific pediatric program involving similar sub-

specialists is also available for children recovering from COVID-19 and Multisystem Inflammatory Syndrome in Children (MIS-C). Patients do not need to have been previously treated at RUMC to access the center’s services.

“We have developed a process so that COVID-19 patients can easily be referred to the center,” Keith Diaz, MD, Director of RUMC’s Lung Screening Program, said. “The referral can come from a primary care physician, upon discharge from a hospital, or from an ambulatory clinic.”

During the initial visit, patients will receive a comprehensive evaluation by a center physician. This may include a physical, EKG, blood work, pulmonary function screening and a radiology exam. Patients will also receive a screening for depression and anxiety which is often a hidden side effect for COVID-19 patients. The patient may require additional testing such as a sleep study or swallowing evaluation and additional examinations by other subspecialists. Once all the information is obtained, the multidisciplinary team collaborates

to formulate a detailed report that is sent back to the referring physician to ensure that the primary care physician is kept updated on the recommended treatment plan and of the patient’s progress towards their goal. Treatment plans may include pulmonary rehab, changes in medication, regularly scheduled follow-up visits and additional services to assist in the patient’s short-term and long-term recovery.

“As we started to see COVID patients back in our offices for follow-up care, we are seeing similar side effects that countries around the world have seen,” Francesco Rotatori, MD, Chair of Cardiology, said. “Cardiac complications are quite common. One of the goals of the center is to identify the cardiac deficiencies during the evaluation and provide each of these patients with the appropriate cardiac testing.

The Post COVID-19 Care Center is located at 288 Kissel Avenue, inside the hospital’s Cardiopulmonary Rehabilitation Center, behind the main hospital. For more information, call 718-818-1500.

## In Memoriam

**R**ichmond University Medical Center sends its deepest condolences to all the families of those lost during the pandemic, especially our beloved colleagues.

### **William Langley**

Dietary Cook  
45 years of service

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### **Mary Ellen Porter**

Nurse Manager  
29 years of service

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### **Margaret Venditti**

Birth Registrar  
19 years of service

**We will keep you in our hearts.  
You will never be forgotten.**

